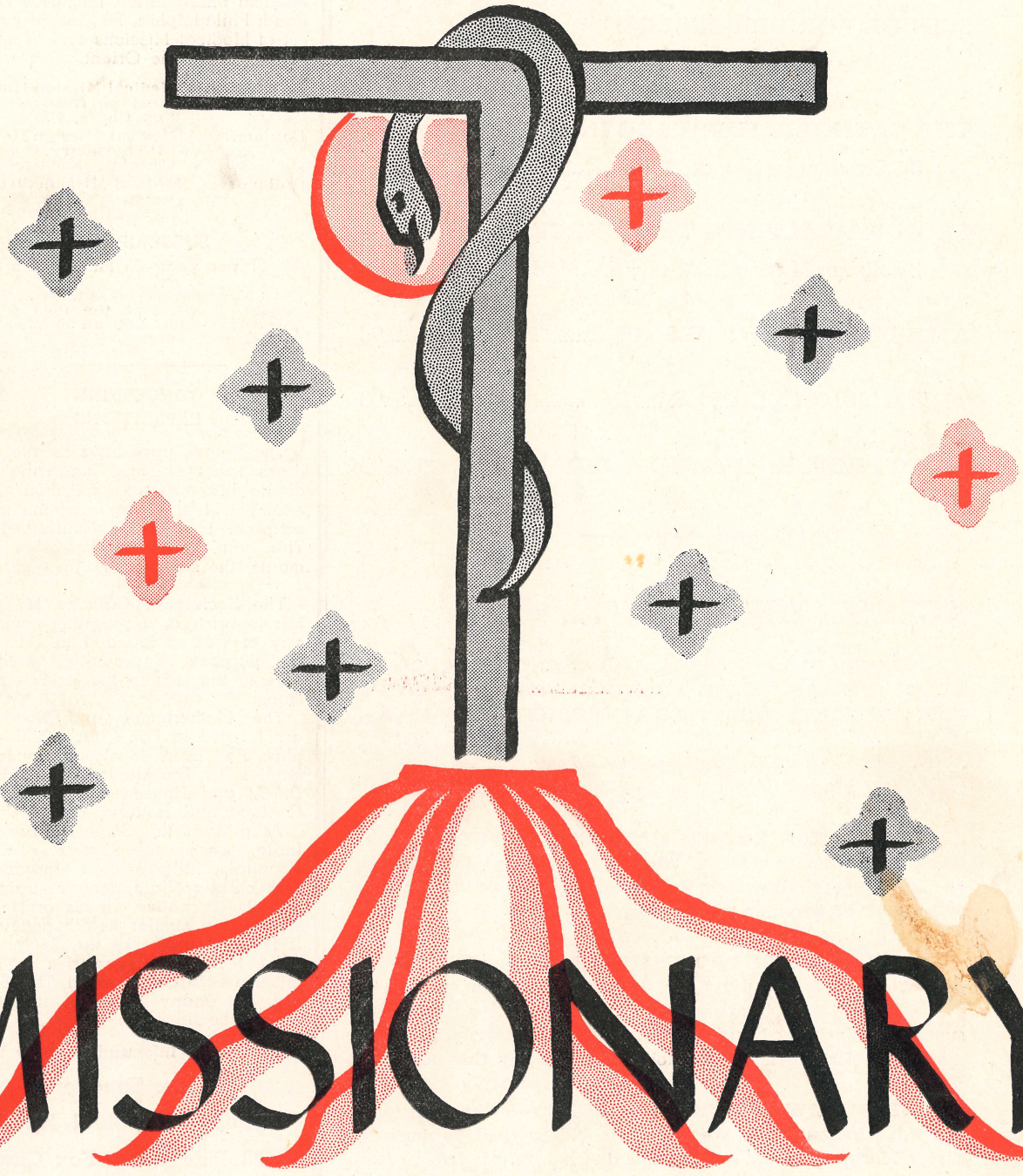
The MEDICAL



MISSIONARY

VOL. XVII JUNE, 1943 NO. 6

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"CATHOLIC DOCTORS AND SCIENTISTS HAVE EVERY REASON TO BE PROUD OF THE RECORD OF THE CHURCH IN THE FIELD OF MEDICINE from the fall of Rome up to Vesalius, the beginning of modern medicine." Father John P. Lynch, C.S.C., presents some pointed facts regarding this record in his article—"Challenging the Galenists."

IN ADDITION TO HER MANY OTHER DUTIES Sister Alma Julia also conducts a "School for Dispensers" at Holy Family Hospital, Rawalpindi. She describes the "how, why and what" of her new undertaking.

"THE NURSING PROFESSION TODAY—while making valiant attempts to adjust the economic situation of its personnel—finds that temporal incentives are not sufficient to sustain the spirit of nursing. A more animating principle is necessary. How can the Catholic nurse supply this need?"

"FROM RAWALPINDI TO MURREE"—is the story of a bus ride—Indian style. We hope you will enjoy it as much as Sister Margaret Mary, who would like her return trip to "resemble the first—stops and all!"

THE MEDICAL MISSIONARY

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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MEDICAL MISSION HOUSE
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Mission Sunday for the Sick

In 1931 there originated in Rome the custom of designating in a special manner the feast of Pentecost as Mission Sunday for the Sick.

For the missions what could be more appropriate! On that day, the great mission day of the Church—the Mighty Wind came down from Heaven and enkindled in the hearts of the apostles a great and blazing fire, which seized and filled them—and made of them new men—so that their faith was no longer guesswork, but a tremendous and overpowering certainty, stronger than pharisaic persecution and imperial tyranny, a certainty that "this Jesus God has raised up . . . and exalted by the right hand of the Father." And, full of the Spirit of Love and of Truth; strong in soul, they stood up—they faced the world—and went out "to speak in divers tongues the wonderful works of God."

It would seem almost paradoxical that the Church should designate this day of power as mission day for the sick and should, in effect, ask them—the weak, the infirm, the helpless of the world—to speak and do as the apostles when they first went forth to bring the whole human race into oneness with Christ.

St. Paul gives us the key to the paradox when he says: "I rejoice now in the sufferings I bear for your sake: and what is lacking of the sufferings of Christ I fill up in my flesh for His body, which is the Church . . ." To suffer then, to suffer in the flesh, is part and parcel of the divine economy of salvation; it belongs to the growth and development of the body of Christ.

Now as members of that body, all Christians are called to participate in the growth of the body. The mother in the home, the clerk in the store, the soldier, the sailor, the farmer in the field, the priest, the sister, and—the sick—all are members of Christ—and by that very fact, all are missionaries.

And of all the members, we might well say that the last—the sick—are by a very special appointment of God, missionaries. For in their way of carrying out the divine commission they most closely resemble the Head of the Body—Christ. And He saved us — not from a throne, nor from rostrum, nor from a soap-box —but from a Cross.

In a very particular manner the sick have been called to continue the work of Redemption whereby all may share in the merits of the Redeemer and so enter into the Communion of the Saints. They are truly Christ suffering—redeeming men in His members—"filling up in their flesh what is lacking of the sufferings of Christ for His body, which is the Church."

While we do not understand, nevertheless we believe—we know that physical misery endured in obscurity is wealth and force and power for spiritual conquest. We do not see clearly, but then there are many things not seen. We do not separate the roots from the tree because they are hidden in the earth; we need not be a chemist to know that bread is food. And we do not see—but we believe—having been told by the Spirit of Truth Himself—that in the Providence of God, suffering—pain, weakness, weariness, fearfulness, sleeplessness, loneliness, born in union with the sufferings of Christ, is—Redemption.

This is the message of Mission Sunday for the Sick!

Challenging the "Galenists"

by

The Rev. John P. Lynch, C.S.C.

Catholic doctors and scientists have every reason to be proud of the record of the Church in the field of medicine from the fall of Rome up to Vesalius, the beginning of modern medicine. Their pride is even greater if, as true scientists, they take and consider all the facts, the chaos and turbulent conditions that almost overwhelmed civilization and the Church. "Dark Ages" they are called and the darkness came from the clouds of successive ravaging barbarian invaders.

The Church from about 300-1100 A.D. had to contend with the destructive and retarding influence of successive waves of Visigoths, Vandals, Huns, Ostrogoths, Lombards, Mohammedans and Normans, many of whom destroyed and pillaged all existing culture, schools and handwritten manuscripts.

She had to repel the Mohammedans and Christianize and civilize successively the other war-like tribes, so war-like that she could pacify them only gradually. With the Normans, she invoked the "Truce of God," persuading them first to give up fighting on Sundays, then week-ends, then during Lent, gradually limiting conflict from 365 days to 80 days of the year.

A little incident in Riesman's "Medicine in the Medieval Ages" discloses the temper of the people the Church often had to deal with: "Thus Astragasilde, Queen of France, on her death bed begged her husband, Gontrano, to throw her doctor out of the window immediately after her death, which was done with the greatest punctuality." And the castle windows were high in those days!

Not until 1100-1200 A.D. was the Church able to devote consistent and successful efforts to higher education. In this era came the great universities, which prepared the way for humanism, the Renaissance and the modern age—**and all this was accomplished without the printing press,** which invention in the 15th century caused a natural but tremendous increase in the diffusion of knowledge and scientific discovery.

Truly the Catholic Church was the saviour of civilization. To judge the Church and those centuries by the standards, knowledge and facilities of today is to show a lack of judgment, proportion and historical sense. Most histories of medicine ignore the chaos and lowered culture due to the barbarian invasions and generally charge the Church with responsibility for lack of scientific progress.

It is common, for example, to hear and read statements that the Church prevented progress in medicine from Galen, 200 A.D., to Vesalius, 1540 A.D., because:

She prohibited or discouraged the dissection of bodies for anatomical studies.

She adopted and "canonized" Galen, the famous medical authority of the second century A.D. and prohibited any disagreement with or departure from him.

All medical historians seem to unite in blaming the Church for the absence of dissection. However, they give ludicrously contradictory reasons for the Church's supposed opposition to dissection, crediting it to "the theological idea of the sanctity of the human body and its resurrection" or "the sentiment which made it a sacrilege to dissect cadavers, regarding them as impure and abominable."

Yet, not even the most prejudiced can dispute the facts below, which stand out clearly in the very midst of their charges against the Church:

Dissection for anatomical study was never prohibited by any pope. No historian attempts to quote any such decree and all historians show that once dissections did start in Italy, the particular scene of papal influence, they continued uninterruptedly at least in that country.

The first dissections, since those of the Alexandria Medical School in Egypt, were made by Mundino at least by 1315, over two hundred years before Vesalius, in a Papal University at Bologna.

Though many historians say Arabian medicine was superior to Christian medicine there was not a single human dissection during the period of Arabian influence in European medicine, 1000 A.D.-1300 A.D.

The spirit of the Church in permitting dissection to encourage science and also art, was centuries in advance of the spirit which prohibited or prevented dissection in our own country until various states began to permit dissection by law less than a hundred years ago. New Jersey does not permit dissection even to this day!

That the Church required slavish adherence to the pagan, Galen, upon whom "the Church itself had conferred the aureole of true dogma" is another

charge easily refuted by considering:

The Church had no particular love for, or opposition to any non-Christian authority, pagan, Arabian or Jew, all of whom did teach and write. The Church would naturally welcome any Christian medical authority endowed with ability, to supplant Galen.

Opposition—and violent opposition it was—to Vesalius and his revolutionary book and theories, came not from any Church official, but from his medical associates, particularly his old teacher, Sylvius, an intense Galenist.

"Galenists" in medical history might be applied to those historians who continue to repeat the old and false statements of prejudiced writers against the Church and the Middle Ages.

In the preface to his "Medicine in the Middle Ages" the non-Catholic Dr. Riesman of the University of Pennsylvania, admits that real knowledge and understanding of the Middle Ages is lacking, suggesting "one reason perhaps is the tendency of the historians to belittle the achievements of those centuries that are disparagingly called the Dark Ages" and he adds this tribute: "The people who produced the Great Cathedrals, the French Chansons, the German Minnelieder, the Magna Charta, Parliamentary Government and above everything, the Universities, deserve our gratitude and admiration. As Henry Adams says, the world in the twelfth century may have been rough but it was not stupid. This is even more true of the thirteenth, according to James J. Walsh, the greatest of all centuries. While perhaps our medical debt is less great, it is not negligible—it will undoubtedly become greater as more and more of the old hidden manuscripts are brought to light and translated."

May more scholars, not "Galenists," continue the search.

School for Dispensers

by

Sister Alma Julia, S.C.M.M., M.T., Ph.G.

Here at Holy Family Hospital we are now recognized for training and sending candidates for State Examinations in the following groups: nurses, midwives, assistant midwives, dispensers and dressers.

India is divided into states and the Punjab, where we are located, is the farthest north, one of the largest and in some respects, one of the most advanced. In other respects it is also the most desolate,the most far-away from everywhere, and quite primitive. But that is another story. It has a population of about twenty-nine millions, mostly scattered throughout the many small villages. Holy Family Hospital is the only Catholic hospital in the Punjab.

With the above facts in mind, we will now return to this matter of State Registration.

The Punjab State Medical Faculty registers doctors, assistant doctors (something we do not have in the United States) and, just recently, dispensers and dressers. So far they have refused to register our M.D.'s from the United States, because they have neither British nor Indian diplomas.

The Punjab Nurses' Registration Council examines and registers nurses (S.R.N. after the name meaning State Registered Nurse). The American nurses have no trouble in being registered by this body as long as they have registered in their own state back home.

The Punjab Central Midwives' Board examines and registers midwives and assistant midwives. The midwifery course is now one year, provided one is already a trained nurse, and two years if not a trained nurse. The Assistant Midwifery Course is two years and English is not required, but the examination, which is oral and practical, but not written, is in the native tongue. The preliminary educational requirements are lower.

All of that sounds quite advanced and encouraging, doesn't it?

The only fly in the ointment is that anyone, with no fitness or education along that line whatever, may hang out his or her shingle with Doctor Smith or Nurse Jones or Midwife Brown on it and practise those arts to their hearts' content. The law is beginning to recognize standards and specialized training, but as yet it has not coped with the lack of them.

But we must not get excited about it. Remember that India is just now going through the same stage Europe and the United States went through not so many years ago. Some of us knew doctors who never attended a medical school (The apprentice method sufficed until our generation.) and many of us remember when State Registration became obligatory.

First we must have a sufficient number of properly trained people before we can legislate that the non-trained must give up the practice of medicine, nursing and midwifery. Take this State, for instance; with a population of twenty-nine millions there are perhaps (I can only guess roughly.) one or two hundred State Registered

nurses or midwives. If the authorities that be would suddenly forbid any but the State Registered to practice who would take care of all these millions? You can see how the untrained must be tolerated until you can replace them—and that will come in time.

Dispensers

Formerly they were called "compounders" but the correct term is now "dispensers." It is the nearest thing we have here to what we call "pharmacists" in the United States and what the English term "chemists." A "dresser" is in another class which I will explain later on.

It is hard to explain just how the compounder developed, but as far as I can find out it happened like this: The busy doctor needed someone to help him in the dispensary or drug room of the hospital, so he used to teach some likely chap (rarely lass) how to make the boric solution, fill the stock supplies and hand out aspirins and quinine pills. Until just recently, in the Punjab at least, there was no school for dispensers, but the Civil Surgeon was permitted to issue a certificate to a dispenser who had worked for him from three to six months if he thought him sufficiently capable! As a result numerous dispensers are working throughout the land, and many of them have opened little chemists' shops of their own, since these are more remunerative than working in the hospital dispensary. In their little shops they not only dispense medicines, but also prescribe for and treat diseases!

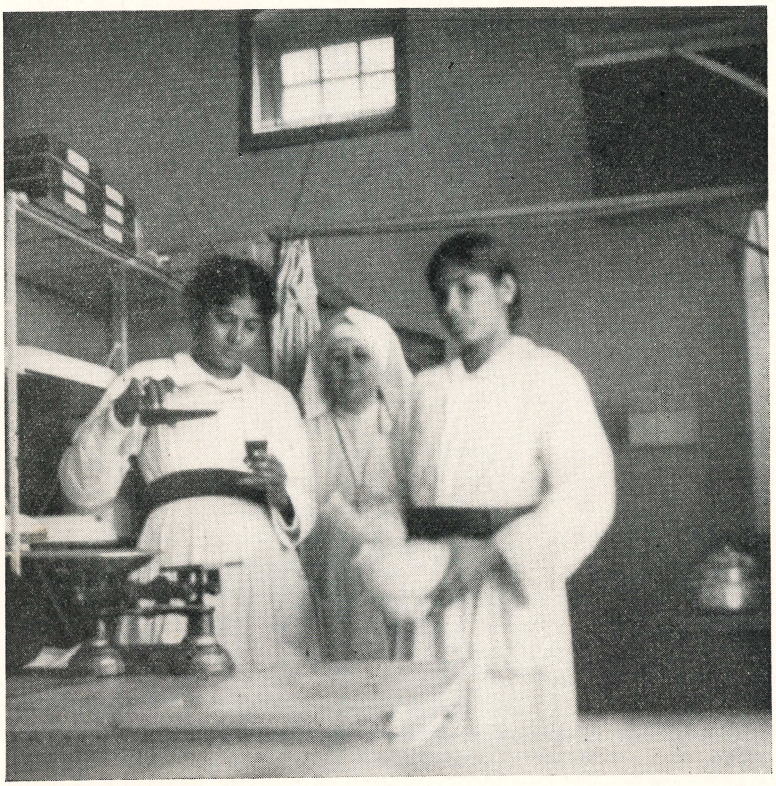
A dresser was another handy person trained by the doctor for special work, such as running the operating room, doing dressings, giving first aid, and when needed, giving anesthetics!

But State Registration gradually came in for them too, and with it a place for proper training. In December, 1936, the Punjab State Medical Faculty recognized two places in the Punjab for training dispensers and dressers: The Medical School, Amritsar, and the Punjab Medical School for Women in Ludhiana. But examinations and certificates by Civil Surgeons were still accepted.

I must call your attention to the importance of the dispensers and dressers. You must bear in mind that until recently nurses, trained or untrained, were almost nil. You must also remember the social condition of the women in India—with purdah, caste and all the other obstacles. And even today, and right here in Rawalpindi, (more so in smaller places) there are many hospitals operating without nurses. The doctor gives the orders, (perhaps does his own charting and performs the more difficult procedures) the patients' relatives wash and care for the patients, and the dispenser makes the rounds once or twice a day and gives out the medicines, administers hypos, etc. If there is a dresser he does the dressing, syringes ears, poultices eyes or whatever needs to be poulticed, and has many other duties.

Naturally, in a hospital such as this one, where there are nurses in plenty, the dispenser needs to perform only the pharmacy work, and a dresser is superfluous.

As I mentioned above, two places in the Punjab were now training dispensers, but alas, the cry for trained dispensers was growing louder and louder. We were already recognized for training nurses, midwives and assistant midwives. Why couldn't we train dispensers also? We had a large out-patient department, besides an in-patient population of about sixty a day, growing all the time. We also had a fairly well-equipped pharmacy with a registered pharmacist in charge. But to meet the requirements for a training school the pharmacist must be Indian Registered and the policy of the Punjab State Medical Faculty in regard to pharmacists is similar to that concerning doctors. I had neither an English nor an Indian certificate—therefore I could not be registered.



Sister Alma Julia with Aleyamma Joseph and Anna Zacharias, her two dispensary students.

But miracles do happen — or rather there is such a thing as "influence" or "pull." One day the Inspector General of Hospitals in the Punjab, an Indian doctor who was also a colonel and had a string of initials after his name, came to inspect our hospital. When he came into the dispensary, I managed to corner him.

How sad it was, said I, that while we had such a beautifully equipped pharmacy with such a clientele, etc., we were not permitted to train dispensers, although I heard they were begging everywhere for training centers!

The Colonel then questioned me about my educational qualifications. Now there is a time, I believe, when one is justified in blowing one's horn. And so I blew mine long and long. I spoke of my many years in hospital pharmacy, of the many years, too many to speak out loud, in which I have been registered in the State of Ohio, the years in which I taught Materia Medica to the nurses in our training schools, etc.

"Then why can't you open a school for dispensers here?"

"Alas, the Punjab State Medical Faculty won't recognize me as I have neither an English nor an Indian certificate. And I need Punjab registration to run a school for dispensers."

"Send your application to me and I'll see what I can do about it."

I did, and in a short time received a beautiful certificate saying that I was now a Registered Dispenser in the Punjab.

Then I put in the application to have our hospital recognized for training dispensers. That took a few more months—but to make a long story short—after much inquiry concerning classes, teaching facilities, etc. — we received the following notice:

"Madam:

I have the honor to inform you that the Punjab Government have accorded their approval to the recognition of the Holy Family Hospital, Rawalpindi, for the training of dispensers' and dressers' candidates for the examination of the Punjab State Medical Faculty."

Since then a notice was circulated informing the world that after May 31, 1942, Civil Surgeons' examinations would no longer be recognized. To continue to quote the notice:

"In future women dispensers will be trained only at those hospitals which are recognized by the Punjab State Medical Faculty as training centers for women dispensers and all such dispensers will take the examination conducted by the Punjab State Medical Faculty, etc." Then were listed the hospitals or schools where dispensers' training was recognized, namely—

"Medical School, Amritzar; Punjab Medical School for Women, Ludhiana; Lady Harding Medical School, New Delhi; Holy Family Hospital, Rawalpindi."

Naturally the notice made us happy, but it also put a burden and a new responsibility on our shoulders.

Now as to the students—I felt that under the present conditions we could take only two at a time. Among the nurses in training were twelve South Indian girls who are to be future native Medical Missionaries. As a medical community they will need dispensers as well as nurses and midwives—and will probably be scattered in small groups when they really start their work. It seems reasonable that one dispenser would be needed for every four or six nurses or midwives. We thereupon asked who would like to take the course. Not only the South Indian girls but practically all the nurses in the training school volunteered. Finally we selected the first two volunteers of the South Indian group. The program we worked out for them was this: They will take two years of dispensary and then the two-year midwifery course (Dispenser-midwife is a very good combination in mission work) and this way they will finish at the same time as the other girls in their class who are taking the three-year nursing course with the one year of midwifery—four years in all.

And so we were launched. But there were and still are snags. For one thing there is the difficulty of the syllabus sent by the Examining Board. The dispensers are supposed to recognize the common crude drugs. As I never looked at a crude drug after leaving Pharmacy School I wouldn't know one if I saw it. But we had some at hand and I managed to collect the others. To my surprise the girls knew a great many of them. **Asafoetida** is used in curry all over India and **cardamon** is very common—everyone chews it with **pan** (a sort of tobacco).

In the syllabus they are expected, of course, to know the British Pharmacopoeia pretty thoroughly. Alas, I was brought up on the United States Pharmacopoeia, but that is not as bad as it sounds—since the most important drugs and doses are the same in both. But there are some differences, plus the exceptions allowed for the tropics: such as peanut oil in place of olive oil in making preparations, etc. And the dispensers must know about the Indian drugs too—many of them excellent ones, but new to me.

And so we are struggling along — teacher and pupils — and this June they will be ready for the examination. I **think** they will pass; I **hope** they will pass; and we'll all **pray** they will pass.

And in the meantime I must think of two more dispensers to take their place.

Charity is the sole inspirer and director of the whole moral and religious life . . . There is no Christian justice without charity . . . There is no charity without justice.—Cardinal Mercier.

The Catholic Heritage in Nursing

by

CATHERINE SHEAN, R.N.

"Go you straight to God's work in simplicity and singleness of heart"—this was the key to service in the arts and skills of nursing that Florence Nightingale gave to her successors. This was her guiding principle—a conviction born out of those fruitful efforts in the care of the sick that have caused her to be acclaimed the greatest leader in modern nursing. The laudable achievements in the nursing profession indicate the perseverance, fortitude and industry with which trained nurses have developed their art for the benefit of humanity. Today they are prepared to cooperate and participate in the advancement of medical science, community planning and social welfare.

In the struggle for the development of scientific efficiency what has happened to that key which nurses have inherited? Have we lost, forgotten or repudiated the energizing purpose of all our efforts? Do we overlook the fact that due to the intrinsic nature of our work, we must have a purpose that is vital, if we are to renew our energies and prevent a blunting of our sensibilities?

Florence Nightingale knew well that the deterioration which marked the nursing field at the time of her entry into it, was due to the death of the Christian spirit in nursing. Diligent seeking and training to reclaim this spirit convinced her of the importance of re-building on Christian principles. Her teachings have been universally accepted with appreciation, and she herself aknowledges a debt of gratitude for the completeness of her training to those religious women who preserved intact the care of the sick through a turbulent background, which we must know to appreciate.

Although the history of the care of the sick in pre-Christian times demonstrates hospital facilities and medical practice, it was not until the Christian era that nursing for all, both rich and poor, became widespread, well organized and self-sacrificing. During the persecutions it was difficult to organize works of charity on any extensive scale, but with peace came the rapid development of hospitals, orphan homes for deserted children, and sanatoria for the feeble and infirm. Later the constant wars, famines, plagues and invasions demanded nursing care of all kinds, and the newly founded religious orders provided for the various needs of the people. A survey shows that the hospitals of the thirteenth century were spacious, light and roomy. Although medical practice in itself had made but little progress, the essentials inherent in the care of the sick—cleanliness, peace and comfort—were there. While the nursing itself was done by religious groups or by those who had dedicated their lives to God in the service of their fellow-man, the institutions themselves were maintained by the charity of the people.

In the difficult days of the Reformation, political abuses, the confiscation of lands and the dispersion of religious workers brought about a complete disruption of organized hospital care. The result is seen in the vivid contrast between the secular hospitals and personnel in England, parts of France and Germany, and the religious hospitals and personnel in Ireland, Spain and other Catholic countries. It is notable that Rudolf of Virchow, the famous German pathologist, after having studied the hospitals of the Medieval Ages and contemporary Spain in order to find a solution to the problem of hospital reform in the German hospitals of the latter nineteenth century, states with reluctance that "nursing care done by the religious sisters was generally more efficient." He also notes with startling vividness—a vital personal problem in the care of the sick: "From day to day, from week to week, from year to year, always the same work, over and over again, only forever new patients. This tires out the hospital attendant. The custom of seeing suffering weakens the enthusiasm and lessens the sense of duty. There is need for special stimulus in order to reawaken old sympathy. Whence shall this be attained—from religion or from some temporal reward?"

Florence Nightingale, faced with the same problem, found the answer in God. The nursing profession today—while making valiant attempts to adjust the economic situation of its personnel — finds that temporal incentives are not sufficient to sustain the spirit of nursing. A more animating principle is necessary. How can the Catholic nurse supply this need?

The charity of Christ—as history demonstrates—was the force

that revolutionized the care of the sick and prepared the way for modern nursing. "Whatever you do for these, the least of My brethren, you do for Me"—this is the great heritage of the Catholic nurse. To be effective however, its worth must be appreciated; it must become a living and vigorous conviction. But all life requires nourishment, and so too, the Christ-life —charity—must be fed to be kept glowing and alive.

Where then, shall we find the bread, the milk, and the strength-giving meat—the spiritual food we need? It is in the Liturgy of the Church that we find it.

By living the Liturgy we learn to know and love the Mass as a tremendously real experience — the re-enactment of the Sacrifice of the Cross—whence we daily draw strength, joy and courage to face the realities of our everyday lives. We learn to know the Sacraments — Confession — the sacrament of forgiveness, the never-failing source of new confidence, new courage and bracing moral power; the Eucharist—the great gift wherein the whole Christ becomes ours—a living communion with the God-Man and a perennial source of devotion to Him and of love towards all His members.

Add to this the very positive benefits of a life full of spiritual vigor. The most constant is peace of mind. No nurse, who has fought the exhausting stimulation of the violent emotional adjustment, physical fatigue and weary loneliness experienced during training, needs to be impressed with its value. The important business of getting along with people is made easier when charity guards our speech, protects and assures respect of the patient's confidence, and is solicitous of our co-workers' reputations. This means for acquiring a pleasant personality is available to all, suitable for every individual and most practical! And finally there is the value of doing things for the "love of God." Those things for which there is no earthly compensation—days full of contrary mishaps, unending irritabilities and extreme physical demands become invaluable if we take them into proper spirit and with this motive.

But the benefits accrue not only to the nurse—there are obvious benefits for the patient too. No longer is he or she merely a case, a number or a disease lying there in bed. No, the patient is our brother in Christ—and under these circumstances we hardly need the urging of doctors, of supervisors, or of head nurses to make him comfortable and to perform even the most repulsive service.

When we conquer our initial clumsiness in using our faith to help us in our profession we acquire an alert sympathy that will help us to pick up their mental distress, to tactfully encourage them to bear their sufferings with more dependence on God. This is not sentimental drivel, but sincere suggestion, backed up by example. Why should Catholic nurses and patients talk and act as if they were both pagans?

Catholic nurses also learn how to pray with the dying, how to prepare them early for the reception of Extreme Unction and how to comfort them in this terminal crisis which is no stranger to the nurse. While those outside our faith may not understand our efforts to bring consolation and strength to the patient at this time, nevertheless they know that there is "something" that we do —and they expect us to do it. This is an unspoken acknowledgement that we do have "something to offer."

It is not the puritanical, solemn miss, nor is it the frigidly-starched efficiency expert, who with iceberg persistence coolly pigeon-holes humanity's ills who is going to make the force of our faith alive and productive. No—the Catholic girl who has used her training as a constructive life experience, who has animated it with the vital spirit of her religion, and who has confidence in the spiritual wealth of her Faith and in the security of Catholic principles for the Catholic nurse—she it is who will truly make nursing "God's work . . . in simplicity and singleness of heart."

Our religion, let us remember, is a religion of grace, kindness and mercy. Every sinner who repents finds pardon therein, every loyal and upright man receives help to persevere. God came to save all men, and when He tries us through suffering, He does so that we may be renewed, that we may become conscious of the meaning of our life and in order to show us that His creative and saving goodness is the reason for our existence, for our trials and our joys, for our human dignity and for our hope of eternal life.—His Excellency, Bishop Paul Yu-Pin.

Please pray for the repose of the souls of—

Rt. Rev. Msgr. Gallus Bruder, New York City

Rev. Francis P. Lyons, C.S.P., Windsor, Ontario, Canada.

Mother M. Francis Clare, Holy Cross, Ind.

Sister M. Rosaire, I.H.M., Monroe, Mich.

Sister Mary Peter Claver, Cornwells Heights, Pa.

Sister M. Terasia, Holy Cross, Ind.

Ethelreda Shoemaker, Henshaw, Kentucky (sister of Sister M. Theophane, S.C.M.M.)

From Rawalpindi to Murree

by

Sister Margaret Mary, S.C.M.M., R.N.

This is the beginning and the end—of a bus ride.

The bus was scheduled to leave at 10:30 A.M. and my ticket was in my hand. Time was bound to be short with some odds and ends to attend to at the hospital, so the boy had purchased the ticket. The tonga which took me to the station made pretty good time weaving in and out of the crowds of buffaloes that monopolize all the streets at that hour of the day, on their way for a daily soak in the river. One bus, the one in front of the office, looked empty, so I inquired when it would be leaving. To my surprise the clerk said that my bus was ready and was only waiting for the passenger who was to occupy the front seat with the driver and for myself. True enough, a full bus had pulled out the back way, ready to start; and with the last two passengers in, we were off at 10:20. For the first few minutes all went well until we stopped for gas and oil. To load the gasoline we had to disembark but soon however, we were re-seated and again on our way.

While outside I had noticed a bar of wet yellow soap lying on the hood of the engine—first-aid equipment to seal up a leaking oil line somewhere inside. Naturally my suspicions were aroused—not for nothing—as you will see later!

The buses here resemble the ones we rode in about the year 1920—and that was really some time before the Greyhound came into being. They all have three classes—and you pay accordingly. First class is on the seat with the driver and the one just behind him. The next two seats are second—and third class may be anything, but most often consists of benches running along each side of the bus and down the middle. The usual capacity of a bus is or should be 23-25 passengers but more often there are as many as 33 or 35. All baggage is piled on top and helps to give the bus that unsteady feeling common to boats.

By 11 o'clock all was well and for forty minutes or so we made good time. Since it was the rainy season, Mother Earth wore green of every imaginable shade and the country-side was beautiful. The roadsides were strewn with herds of grazing sheep, buffaloes, camels, cows, goats and an occasional horse and foal. Small children, mostly girls, acted as shepherdesses while their mothers, with a tiny baby or two, would be picking some of the eatable herbs—nature's treat during the rainy season.

But alas, about twelve o'clock the motor began to vociferate and raise objections—no one else seemed to hear or heed the ominous sounds, so I did not let them worry me either. A few more minutes of chugging however, and the driver called, "Bas!" There is no word in the English language that can translate this little "Bas!" exactly. At any rate we all knew that it was over for the time being. I followed the example of the passengers who extracted themselves, legs and all, to have a walk about the country-side. All the children wanted water, and there was plenty to drink in the family thermos—while many little faces and feet were refreshed in the pools formed by the last night's rain. As for the engine—the driver and his assitant, a young lad whose duty it was to crank, water, clean and announce "all clear," worked hard while the bar of yellow soap was much in evidence. After about a half an hour of coaxing the choked oil finally consented to run along freely and so we all resumed our places.

A few miles on we met groups of boys, ranging in age from six to twelve, (not a girl among them) with school books, slates and even ink pots balanced with perfect poise on their heads. Some wore the red fez, some the pugri (turban) and others wore nothing, except perhaps remnants of a woolen storm helmet that had seen several of the Punjab's cold winters. There were some very nice looking faces among them, none very dark, and not one overfed. They chatted away and were boys—every inch of them. Their slates, by the way, were plain wooden boards painted white on which they write with a special reed pen and a special ink. It washes off very easily and dries quickly. There are no desks in the village schools and the books, etc., are taken home every night .

About 1:15 we arrived at a watering place (natural springs) for motor, man and beast. A village with numerous refreshment places surrounds it and every moving thing calls a halt here. I do not think the driver intended to stop as we had filled the radiator and cooled the motor a few miles back, and almost every one had

been lunching ever since. However there is a fairly steep climb to the place, so the engine worked overtime and demanded attention about two hundred yards beyond the last tea shop.

All the men made for the food shops and the women indulged freely in whatever their husbands brought to the bus, or in the tidbits that happened to be tied up in chaddar or veil. Literally this included everything from soup to nuts, the soup being substituted by the lovely colored bottles of soda pop. Fortunately, past experience had warned me to be prepared for just such an emergency as this—and though I had fortified myself at the hospital at about 9 A.M. that morning—I had pocketed two pears in case of necessity. It occurred to me now that with nine miles of the worst of the road still before us, it might be well to relieve my thirst and eat the fruit.

At two-thirty the horn blew as only an Indian horn can blow—and off we went once more!

After the second delay everything went well—no remarks were made—all was obviously part of the day's plan for each, and everyone's time seemed to be his own. Next to me sat a young Indian soldier in uniform, and once he said as if in great sympathy: "You are experiencing great discomfort." Ordinarily I might have been, but with such example all around me there was no time to think about anything like that. All were most courteous and kind to each other—and the women seemed quite contented and happy on the one seat they occupied in the back.

The good meal that had been enjoyed by the men folk soon began to show and sound its effects by yawns and snores. After a while, when things were unusually quiet, there suddenly sounded a sharp clap-like—"Bas, Thairo!" A young Sikh gentleman — overcome by sleep—lost his turban and by the time the bus came to a full stop it was a good many yards behind. Half asleep, he climbed out through the window as agile as a monkey and coming back, was still so much in the land of nod that instead of coming in at the door he went to the other side of the bus and was in at the open window while everyone was still expecting him to enter by the door. There was a gentle chuckle; all but the babies were awake and one man said: "Sardar ji, it would not do for you to arrive without your pugri." It was the most polite form of address and "Sardar ji," putting the tip of the loose end between his teeth, was soon asleep again. This particular turban was of a very pretty printed voile with shades of brown predominating. Bus windows do not leave much choice as to size and the Sikhs are not small, so the little trick was doubly amusing.

Four miles farther on we came to another village where some of the passengers alighted and others got on. The tea shop nearest the road was open. On the little porch, tied to the roughly hewn wooden pillar, was a mother goat with

Departure time—"All baggage is piled on top and helps to give that unsteady feeling common to boats."

her offspring. Both had short hair and very short blunt noses, making them appear out of place because almost all the goats here have sharply defined features with long faces, very long ears and long hair. A dog of nondescript shade of tan and unknown pedigree lay undisturbed on the step while a woman with a two-year old child brought in sticks of firewood for the teas. A pair of mutton legs hung on a beam, perhaps waiting for the customer to claim them. Should you ever wonder why so much of everything here is "hung," it is to keep things safe from rats, while the coarse wire netting that encloses them prevents meats, etc., from becoming bird food. This particular village had a number of walnut trees, and spread out for sale by the side of the road were great, fresh, black radishes, green pears, onions, egg plant, turnips and a few other such eatables. Across the street was the village well, where several women and children stood waiting their turn to draw up the daily supply of drinking water with a zinc bucket and rope.

And then came four o'clock and the last stop in sight. Coolies vied with one another to secure a load. Mine was small for a change and the box of treasured eggs brought from the hospital seemed best carried by myself, to the great annoyance of the coolie.

I always feel that a prayer of thanksgiving is of obligation after a trip like this—but added to this one was another prayer—a petition to learn and appreciate some of the virtues of the East—one of the most important of which is patience! The return trip is to be made in a few days. While anticipating it I am hoping it will resemble the first—stops and all!

The truth is that people who worship health cannot remain healthy.—G. K. Chesterton.

A Missionary in Desire

"I shall find it hard to leave the peace of the Vatican City to be thrown once more into the turmoil of the big world," said the late Cardinal Hinsley, at the time of his appointment as Archbishop of Westminster. "If I were younger I would prefer to return to the African bush."

Throughout his priestly life, the Cardinal was a zealous friend of the missions, particularly of Africa, where he spent eight years as Apostolic Visitor, later Apostolic Delegate. This charge entailed constant travel between Rome and Africa and from one end of the continent to the other. He went from conference to conference with priests, bishops and officials, calling at lonely outposts in the jungle and desert, advising and encouraging the missionaries and collecting information for the benefit of the missions to be taken back across the Mediterranean to Rome.

The future Cardinal's work in Africa brought untold benefits to the people inhabiting the 9,000,000 square miles of British territory. He planted a long line of schools and everywhere extended social improvements.

He was particularly zealous for the cause of African women, and before leaving the continent he said: "The great opportunity before the Church lies especially in the rescue of womanhood, that is, in the true education of African girls and African women. Here we have our power. No others, neither the governments nor the sects, can wield the heroic might of our sisterhoods. That is why the help of competent sisters is essential for apostolic work today, and many more must be trained as teachers and nurses. But even so, European missionaries cannot hope to perfect that work they have begun; there must be native priests, native sisters and native brothers in plenty to supplement their efforts."

It was at the instance of the Cardinal, among others, that the Sacred Congregation of Propaganda issued the Instruction in 1936, urging that sisters should study medicine and nursing, acquiring all the skill necessary in the care of the sick, and that new religious communities be founded to devote themselves entirely to the medical apostolate.

Time and time again the late Cardinal stressed the needs of the African peoples. Only last year in an article contributed to the London **Tablet** he pleaded that "the scramble for African lands and African resources" cease and that "the fullest possible account be taken of the interests and rightful wishes of the native peoples." He urged that European Governments "combine and call in the missionaries in a systematic effort to prepare the African peoples to rule themselves," that African peoples be assured of "land rights, freedom of labor and economic welfare," that "a practical system of social and economic improvement" in Africa be included in peace plans and that peace and security be safeguarded by the dissemination of Christian doctrine.

The Mission Clipper

New Nursing Endeavors in India

According to the report of the Nursing Journal of India, November, 1942, there are 5000 registered nurses in India. In other words, this means "only one trained nurse for 55,093 people" and, as the Journal points out, "with the thousands of sick and wounded this number is enormously increased."

The Trained Nurses' Association of India is working very hard to remedy the situation and to raise professional standards among the nursing bodies already in existence. One of the objects for which the Association has been steadily working and which is of far-reaching importance for all nurses and health visitors in India, is the establishment of an all-India post graduate college for nurses and health visitors, where after two or three years' experience following the completion of their hospital training, they can receive the necessary training for administrative posts, for the specialized work of sister tutor or health visitor supervisor. This college will be affiliated with the Delhi University, for the granting of diplomas.

Indian nurses have chosen as their symbol a typical Indian lamp, with "Lighted to Lighten," as their motto.

Catholics in China

Of the four and a half million Christians in China, five out of six are Catholics, and of the 150 bishops, 24 are Chinese. With their consecration the Church was truly planted on Chinese soil. Devotion to the Little Flower of Jesus is a marked characteristic of Chinese Catholicism, her little way of love being particularly suited to China's needs and temperament—said Father Charles Meeus, in an address given in Bombay, where he stopped while on his way to Chungking.—The Bombay Examiner.

Indian Army Chaplains

For the first time four Indian priests have received the Viceroy's Commission as Chaplains to the Indian army. They have only recently entered upon their new duties. At the same time four Indian Catholics have been appointed as Catechists to the Indian Army. Both chaplains and catechists have been appointed for service overseas.

This is a notable development, and it is to be hoped that, if there is scope for their services, the appointment of Catholic chaplains and catechists to the Indian Army will become permanent after the war.—The Bombay Examiner.

Starvation and epidemics do not recognize national or racial boundaries. Typhus in Russia, plague in China, dysentery in Africa or famine in Greece may mean disaster to Italy, Germany, Japan or the United States. Before this war is over the people of the totalitarian governments will awaken to the fundamental biologic truth that in a world like ours every man is his brother's keeper.—Morris Fishbein, M.D., Journal of the American Medical Association.

From A South China Dispensary

This note comes from a South China medical dispensary conducted by Father Cosgrove, M.M. He writes: " . . . There are over 10,000 Chinese soldiers in this place. They are without doctor or a drop of medicine. I could keep going all day and night, treating these boys' leg ulcers and stomach complaints alone. One of the last cases to be brought to me was a serious one. But I had nothing left in the dispensary except iodine, aspirin, salts, and worm medicine.

"These poor Chinese soldiers are certainly having a hard time of it. You've probably heard that, of every eleven Chinese soldiers who die, only one is killed in battle."

And Father Joseph W. Regan, also of Maryknoll, continues: "The medical needs of China are almost overwhelming. War has wiped out the small public-health gains of a decade or more. Five million men under arms can count on fewer than 1,000 doctors. Remember that in the United States Army every 1,000 soldiers have six physicians.

"Sanitation has lost ground too, with the upheaval of war. Medical supplies must be carried from India, over the roof of the world, in airplanes that have little or no space for anything but munitions. Modern treatment and care are often balked by ignorance and superstition. Almost universal hunger leaves people exposed to epidemics. These Chinese, with all their wonderful heritage of dependence upon their own good earth, are crying for food." —Maryknoll Magazine, May, 1943.

News from Home and Abroad

Sister M. Rosina

New R. N.'s

Two more Medical Missionaries, Sister M. Rose and Sister M. Rosina, have earned the right to add "R.N." after their names. Both completed their Board Examinations in the District of Columbia.

Sister M. Rose is from Annapolis, Maryland and entered training at Providence Hospital, Washington, D.C. after making her profession in the Society. Sister M. Rosina entered the Society after graduating from the Hospital of St. John of God in Hoorn, Holland. During the past year she has been working at Providence Hospital, where she also took up additional studies. Her Board Examination now entitles her to be registered in the United States as well as in Holland.

Sister M. Rose

RAWALPINDI

In Rawalpindi, so we heard, examinations are all over too—and everyone is quite happy over the results. "They all passed," that is the good news recurring over and over again in the latest batch of letters to come from India. Sister Alma Julia added a brief note also, on the present status of the training school at Holy Family Hospital. She writes: "At present there are in training, the ten South Indian girls (They are native Medical Missionaries to be.), two Punjabi girls, four others taking the course for Nurse-Dais (midwife) and the four new sisters from Thandla." (We told you all about them last month, if you remember.)

Strange and surprising things are often encountered in the work. Sister Dolores met with quite a few. She writes: "The people have confidence in us, even though they still cling to superstitions. Perhaps it is a case of trying out everything, with the hope that that something will work. Often one sees small bags tied around a baby's wrist or ankle — asoefetida—vile smelling stuff!—to ward off the evil spirits of disease. One day I noticed a piece of printed paper in a patient's water jug. Thinking it had fallen in accidently, I offered to clean it. But no, the patient told me it was a prayer bought from the holy man and placed in the water purposely to ensure a quick recovery.

"One patient who comes to the dispensary regularly, has a number of girls, but no boys. The oldest girl therefore, is dressed like a boy and must remain so until her mother has a son. This is to fool the evil spirit, but it seems to me that no one is being fooled but the mother herself." And, we might add, perhaps it is also a case of "Hope dies hard in this people"—as someone wrote not long ago.

Indian Cooking

Sister Nicola is keeping house in Rawalpindi. Of late she has had some interesting lessons in cooking—Indian style. Apropos of these she wrote:

"This week I had a special lesson in making curry. When they have a day off the nurses are al-

lowed to cook for their group, so this week one of the nurses asked if she could make curry. The day before she gave me a list of all ingredients she needed. On it were no less than ten different kinds of spices!

"The day the cooking lesson was to be given the class-room was converted into a kitchen. After I had given her a little cookstove, one dish, a spoon, meat, 'ghee' or fat, vegetables and spices, she began.

"First she ground up all the different spices. This was quite a long and tedious process. A large stone with tiny holes in it was placed on the floor. With another small round stone she ground and ground—for almost two hours! Grinding the spices gives the women plenty of arm and hand exercise, and it is not easy either!

"After all the spices were ready —just so—she began to fry the onions in the 'ghee.' When they were a nice golden brown the vegetables, spices, water, et cetera, followed. Everything was put in a certain way, very carefully. The concoction looked very nice and tempting, and I had to taste it, of course. Though I took just a tiny bit, it was enough to make my mouth very puckery and burning all over. I ran for a drink of water, but I was not really cured until lunch time.

"The nurses gave us some of the curry for our dinner—and over the rice we all enjoyed it very much—even those of us who are still new and unused to the 'spices of India'."

* * * * *

PATNA

From Patna we received some word about the recent progress of the hospital. Sister Ignatius Marie tells us: "The hospital is fairly well occupied—the present census being fifty patients. The dispensary is also very busy and growing steadily all the time, and we have a 'miniature' laboratory functioning now. The babies, seven of them, are well and flourishing. They are all beautiful—but I think everyone here would vote a prize for one, Daniel George. He weighed only four pounds when he was born on September sixth, but today (February third) he is eleven pounds. He is the brightest little chap you could imagine."

And from Sister Margaret Mary, who is now the Superior at Patna, since Sister Laetitia has gone to Dacca, we hear: "Weather in Patna is an item of news—even though it may be taboo in other places. For one coming from Rawalpindi it was like stepping out of a cold, dark November day into the middle of May. One finds dahlias and bachelor buttons in full bloom and our own garden is producing carrots and tomatoes in plenty." And that, we would have you know, was in late January!

Our sisters have also enjoyed some company from "home"—for they write: "There are many American troops near here. Two Franciscan priests, newly ordained, came down the other day to give us their blessing and exchange news from home. About three weeks ago an American Benedictine, a chaplain in one of the air force units, was on three days' leave and so cycled down to see us."

One Head Broken

"Sister, I have a pain my brain," said a quiet little voice.

"You have a pain in your what?" asked the Sister, looking up from the charts she was writing. It was neither the time, which was seven thirty p.m., nor the place, at the night-nurse's desk, to be seeking medical advice. Apparently, however, this young woman, who was visiting a patient in the hospital, felt that opportunity knocks but once.

Sampati, age ten, repeated—"I have a pain in my brain, and I have had it since I was very young. It is always worse in the summertime. Two or three times my head got broken. I mean to say that I broke my head two or three times." (Incidentally, aforementioned brain was busily recalling English vocabulary and syntax from a meagre supply in which to express itself.)

"How did you break your head?" asked the Sister.

"Once a couple of bricks fell on it, and once I had a friend who hit me on the head with a piece of lead pipe."

The head in question was bent, and Sampati removed her veil.

"Here," she said, "you can see for yourself—the marks."

"Did a doctor have to sew it up?"

"Oh no!—it 'conversed' together by itself."

The old reliable lavender-colored antiseptic was produced and duly painted on Sampati's scars. The "patient" walked off smiling her thanks, more for the sympathetic ear than for the antiseptic—arranging her veil as she went so that the medicine might dry in full view.

Please note—

THE MEDICAL MISSIONARY is not published during the months of July and August. You will receive your next issue in September. We would be grateful if subscribers living in cities where the post offices operate under the key number system would send us their key mail numbers.

Would You Turn Them Away?

From Rawalpindi our sisters write: "The doctors often have to send patients home, because there is no room—even though we bring beds and charpoys from our own house and use every little bit of space. The only thing that will solve that problem is to build a large Holy Family Hospital!"

Mohammedan mother and child—waiting for a bed at Holy Family Hospital.

Whether or not we must "turn them away" depends on you!

Two + two = four.

You + we = a new hospital!

Will YOU give us the answer?